



**2050 Mercantile Drive ~ Leland, NC 28451**  
**PH: 910-371-2500 ~ FAX: 910-371-2508**

**PRTF ADMISSION APPLICATION**

Dear Providers,

Thank you for your interest in Strategic Behavioral Center. We have prepared the following admission application to assist in trying to make the referral process as efficient and effortless as possible. We know that time demands are great on individuals making referrals. If as a referral source you have any recommendations on how we can make this process even more efficient we welcome your suggestions.

We have provided an overview of the clinical criteria that is representative of what our payor sources will be screening for in regards to admission. We are requesting that when information is sent that it is sent in its entirety so that there are no delays. Incomplete applications will result in a delayed review process by our admission department.

All referrals will be reviewed on a case by case basis by our Admissions Department and admission will be based upon clinical criteria, the appropriateness of the clinical mix of the milieu and the ability to meet the overall needs of the adolescent being referred. The Admissions Department will contact you if they have any further questions or are in need of additional information. A disposition of each referral will be made and provided to the referral source.

If you have any questions or concerns please feel free to contact our Admissions Department at 910-371-2500. We would be more than willing to assist you.

Sincerely,

Jenny Migliosi, MS, LPC, NCC, LCAS

Admissions Director



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### **POPULATION SERVED:**

Males and Females

Ages 12 – 17 upon admission

IQ 70 or above

### **WE ACCEPT THE FOLLOWING:**

North Carolina Medicaid

Self-Pay

Most Commercial Insurance

Medical Conditions – adolescents will need to be medically stable for admission to be considered. Each case will be assessed on an individualized basis. Diabetes and other medical conditions *do not* automatically prevent an adolescent from being considered for admission. Our goal is to serve as many youth as are appropriate as long as we can meet their overall needs inclusive of medical concerns.

### **CLINICAL CRITERIA FOR ADMISSION:**

All of the following criteria are necessary for admission:

- a. The child/adolescent demonstrates symptomatology consistent with a DSM-IV-TR (AXES I-V) diagnosis which requires, and can reasonably be expected to respond to, therapeutic intervention.
- b. The child/adolescent is experiencing emotional or behavioral problems in the home, community and/or treatment setting and is not sufficiently stable either emotionally or behaviorally, to be treated outside of a highly structured 24-hour therapeutic environment.
- c. The child/adolescent demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication compliance training.
- d. The child/adolescent has a history of multiple hospitalizations or other treatment episodes and/or recent inpatient stay with a history of poor treatment adherence or outcome.
- e. Less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual's needs.
- f. The family situation and functioning levels are such that the child/adolescent cannot currently remain in the home environment and receive community-based treatment.



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